	PATENT	APPLICATION Effect	Application or Docket Number 16 6 95453																			
CLAIMS AS FILED - PAR (Column 1)						(Column 2)			ENTITY	OR	OTHER											
TOTAL CLAIMS							.	RATE	FEE]	RATE	FEE										
FOR·			NUMBER FILED		BNUŃ	EREXTRA		BASIC FE	€ 395. 0 0	OR	HASIC FEE	790.00										
TOTAL CHARGEABLE CLAIMS			minus 20=		•			× 25		OR	x-50											
INDEPENDENT CLAIMS			ninus 3 =		•			x 100		OR	x 200											
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+180		OR	1-260											
* If the difference in column 1 is less than zero, enter *0" in column 2							(TOTAL		OR												
	C	LAIMS AS A	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SKALL											
AMENDMENTA	3/1/05	CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUME PREVIO	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TJONAL FEE		RATE	ADDI TIONAL NFEE										
	Total	.20	Winus	-20	>	=		× 25		OR	×50.											
MER	Independent	. 3	Minus] · [×100		OR	x200	1										
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Į Į	+180	1	OR	+360											
•								TOTAL		00	TOTAL ADDIT FEE											
(Column 1) (Column 2) (Column 3)											AUU: I. FEE!											
× 1 8	7/28/05	CLAMS REMAINING AFTER		HIGHE NUME PREVIO PORTO	ST IER USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
No	Folial	. 20	Minus	-20))		× 25		03	x50											
AR.	independal: 3 Minus 3							× 100	1/	OR	1200	/										
FIRST PRESENTATION OF MULTIPLE CEPENDENT CLAIM							1	+/80		OR	+369											
·								TOTAL DOIT, FEE		OR	POTAL ADOIT, FEE											
AMENDMENT C		CLAMS REMAINING AFTER - AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<i>'</i>	FATE	TIONAL FEE										
	Total .	AMERIOMEIVI	Minus	44		:		×25		OR	×50											
	Independent	• .	Minus	. ***]	× 100		OR	4200											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+ 180		OR	+360											
• 1	If the entry in column 1 is less than the errory in column 2, write "0" in column 3.										TOTAL											
-	Fishe Wintered His	mher Presidente Pa	id For IN TH	S SPACE is	dess grs.	1 20, en e 20		DOIT. FEE			If the entry in octumn 1 is less than the entry in column 2, write '0' in column 3. "If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 20. ADDIT. FEE ADDIT. FEE OR ADDIT. FEE ADDIT. FEE											